NEW PATIENT INFORMATION

PATIENT INFORMATION

Please present your insurance card and photo identification to the front desk

Patient Name (First/MI/Last): ____

Patient Date of Birth: ___________________ **Age:** ______ **Gender:** Male / Female

Marital Status: Single/ Married/ Divorced/ Widowed **Patient Social Security#:** ________________

Patient Address: _______________________________________

City, State, Zip Code: ___________________________________

Patient Home Phone: ______________________ **Patient Cell Phone:** _______________________

Patient Work Phone: ________________________ **Patient Employer:** ________________________

Please tell us what country you were born in: _______________________________________

Please tell us the ethnicity that best describes you:
☐ White ☐ Asian ☐ American Indian ☐ Black or African American ☐ Hispanic/Latino
☐ Native Hawaiian/Pacific Islander ☐ Unknown ☐ Choose not to disclose/Decline

In what language can we best serve you?
☐English ☐ Other, specify: ____

RESPONSIBLE PARTY INFORMATION

Responsible Party for Billing (if not patient or if patient is a minor) (First/MI/Last Name):

____

Responsible Party Address (where to send statements to):

____

City, State, Zip Code: ____

Responsible Party Home Phone: ______________________ **Cell Phone:** ______________________

Responsible Party Work Phone: _______________________

PATIENT PORTAL – FOLLOW MY HEALTH ENROLLMENT OPT-IN

Follow My Health is a website in which you can set up a free account and access your medical information with Parkview Medical Clinic online. Through Follow My Health, you can communicate with your provider, request appointments, view your information and stay connected with us.

Indicate below if you wish to be sent an invitation for our patient portal. Once enrolled, you will get an email with a link to set up an account with Follow My Health. If you already have a Follow My Health account with another clinic, you can connect Parkview Medical Clinic to your existing account. The last four digits of your social security number is the one-time code you will need to set up your account once you get the invitation.

May Parkview Medical Clinic send you an email invitation to our patient portal?
☐YES, please enroll me to Follow My Health
☐No

Patient Email Address for Follow My Health Enrollment: _____________________________________

Please Note: If you wish to sign up as a proxy for your minor children, please see the front desk.

ADDITIONAL INFORMATION

Person to Contact in Case of Emergency (other than patient): ______________________________

Emergency Contact's Daytime or Cell Phone Number: ___________________________________

How did you hear about our clinic?

☐ Family ☐ Friend ☐ Insurance ☐ Newspaper ☐ Radio ☐ Yellow Pages ☐ Internet

☐ Other, please specify ____

INSURANCE INFORMATION

Primary Insurance Carrier:

☐ Blue Cross ☐ HealthPartners ☐ Medica ☐ United Health ☐ Cigna ☐ Aetna

☐ Mayo MMSI ☐ America's PPO ☐ Humana ☐ Preferred One ☐ SCHA ☐ Health EZ

☐ Meritain ☐ CC Systems ☐ Tricare

☐ Medicare

☐ Medicaid (straight MA) ☐ Medicaid – PMAP

☐ Other, please specify: ____

Primary Insurance Subscriber (First/MI/Last): ____

Subscriber Date of Birth: _____________________________

Effective Date of Coverage: ___________________

ID#: _____________________________________ **Group#:** ___________________________________

Subscriber Social Security Number: ____

Subscriber Employer: ____

SECONDARY INSURANCE CARRIER:

☐ Blue Cross ☐ HealthPartners ☐ Medica ☐ United Health ☐ Cigna ☐ Aetna

☐ Mayo MMSI ☐ America's PPO ☐ Humana ☐ Preferred One ☐ SCHA ☐ Health EZ

☐ Meritain ☐ CC Systems ☐ Tricare

☐ Medicare

☐ Medicaid (straight Medicaid) ☐ Medicaid – PMAP

☐ Other, please specify: ____

Secondary Insurance Subscriber (First/MI/Last): ____

Subscriber Date of Birth: _____________________________

Effective Date of Coverage: ___________________

ID#: _____________________________________ **Group#:** ___________________________________

Subscriber Social Security Number: ____

Subscriber Employer: ____